



Docket No.: PF-0631-2 DIV

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on November 19, 2003.

By: [Signature] Printed: Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Yue et al.

Title: CELL SURFACE GLYCOPROTEINS

Serial No.: 09/997,701

Filing Date: November 30, 2001

Examiner: Carlson, Karen C.

Group Art Unit: 1653

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. 121

Sir:

This paper is responsive to the Restriction Requirement and Request for Election dated October 10, 2003, setting a one (1) month term for response. Prior to examination of the application, please amend the specification of the above-identified application as listed below.

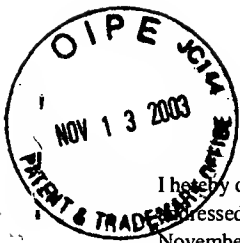


image 1653

Docket No.: PF-0631-2 DIV

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope

Addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

November 10, 2003

By: [Signature] Printed: Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Yue et al.

Title: CELL SURFACE GLYCOPROTEINS

Serial No.: 09/997,701

Filing Date: November 30, 2001

Examiner: Carlson, K.

Group Art Unit: 1653

Mail Stop: Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard; and
2. Response to Restriction Requirement (9 pp.).

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	21	-	21	=	0	x\$18.00		\$ 0
Indept.	2	-	3	=	0	x\$86.00		\$ 0
First Presentation of Multiple Dependent Claims:						+290.00		\$ 0
Total Fee:								\$ 0

X No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE CORPORATION

Date: 10, November 2003

[Signature]
Shirley A. Recipon
Reg. No. 47,016
Direct Dial Telephone: (650) 621-8555

Customer No.: 27904
3160 Porter Drive
Palo Alto, California 94304
Phone: (650) 855-0555
Fax: (650) 845-4166